

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/069270**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2		1		
4		1				
5	1					
6		1				
7		2		1		
8	1					
9		1				
10		2		1		
11	1					
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50						
TOTAL IND.			7			
TOTAL DEP.			8			
TOTAL CLAIMS			15			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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